

# CITY OF ALTOONA, PENNSYLVANIA

## APPLICATION FOR BUILDING PERMIT, ZONING REVIEW AND PLAN EXAMINATION

*IMPORTANT – Applicant must complete all shaded items which apply and place signature on back page.*

AT (LOCATION) \_\_\_\_\_ LOT SIZE \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

OWNER NAME \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

TYPE OF IMPROVEMENT		PROPOSED USE			
<input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Alteration <input type="checkbox"/> Addition No. of units _____ <input type="checkbox"/> New Building <input type="checkbox"/> Moving (relocation) <input type="checkbox"/> Foundation Only <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Use <input type="checkbox"/> Sign	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>RESIDENTIAL</b>  <input type="checkbox"/> One family  <input type="checkbox"/> Two or more family              No. of units _____  <input type="checkbox"/> Garage  <input type="checkbox"/> Carport  <input type="checkbox"/> Shed  <input type="checkbox"/> Pool  <input type="checkbox"/> Other (specify) _____            _____            _____         </div> <div style="width: 48%;"> <b>NON-RESIDENTIAL</b>  <input type="checkbox"/> Amusement/recreational  <input type="checkbox"/> Church, other religious  <input type="checkbox"/> Industrial  <input type="checkbox"/> Parking Garage  <input type="checkbox"/> Service station/repair garage  <input type="checkbox"/> Tanks, Towers  <input type="checkbox"/> Hospital/Institutional  <input type="checkbox"/> Office, bank, professional  <input type="checkbox"/> Public Utility  <input type="checkbox"/> School, Library, Educational  <input type="checkbox"/> Stores, mercantile  <input type="checkbox"/> Other (specify) _____            _____         </div> </div>				
<b>OWNERSHIP</b> (check one)					
<input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)		<input type="checkbox"/> Public (Federal, State, or local government)			
<b>COST</b>	(omit cents)	<b>JOB DESCRIPTION</b> – Describe in detail proposed work. If applying for addition, new building, pool, garage, shed, or sign, please use back page to draw sketch of proposed work. _____			
General Construction (To be inserted but not included in above cost)	\$ _____				
Electrical	\$ _____				
Plumbing	\$ _____				
Heating/Air Conditioning	\$ _____				
Other (elevator, etc.)	\$ _____				
<b>TOTAL COST</b>	\$ _____				
<b>IDENTIFICATION</b>					
	Name	Mailing Address	Zip Code	Lic. No.	Telephone No.
Contractor					
Architect/Engineer					
Plumber					
Electrician					

<b>SELECTED CHARACTERISTICS OF BUILDING</b> - For new buildings, additions, and demolitions									
<b>PRINCIPAL TYPE OF FRAME</b> <input type="checkbox"/> Masonry, (wall bearing) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other (specify) _____ _____			<b>TYPE OF SEWAGE DISPOSAL</b> <input type="checkbox"/> Public or Private Company <input type="checkbox"/> Private (Septic Tank, etc.)  <b>TYPE OF WATER SUPPLY</b> <input type="checkbox"/> Public or Private Company <input type="checkbox"/> Private (well, cistern)			<b>DIMENSIONS</b> Number of stories _____ Total square feet of floor area, all floors, based on exterior dimensions _____ Total land area, square feet _____			
<b>PRINCIPAL TYPE OF HEATING FUEL</b> <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Other (Specify) _____ _____ _____			<b>TYPE OF MECHANICAL</b> Will there be air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No  Will there be an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>NUMBER OF OFF STREET PARKING SPACES</b> Enclosed _____                      Outdoors _____  <b>RESIDENTIAL BUILDINGS ONLY</b> Number of Bedrooms _____ Number of Bathrooms    Full _____    Partial _____			
<b>ZONING INFORMATION – TO BE COMPLETED BY ZONING OFFICER</b>									
Zoning District _____ Subdivision _____ Parcel _____ Block _____ Drawing Specifications Comply with Zoning Requirements?                      Yes _____                      No _____ Nonconforming Buildings and Uses?                      Yes _____                      No _____ (If yes, check an item below)  <input type="checkbox"/> NONCONFORMING VACANT LOT <input type="checkbox"/> NONCONFORMING BUILDING USED FOR A PERMITTED USE <input type="checkbox"/> NONCONFORMING USE OF A BUILDING <input type="checkbox"/> NONCONFORMING USE OF LAND <input type="checkbox"/> NONCONFORMING BUILDING USED FOR A NONCONFORMING USE									
<b>PLAN REVIEW RECORD – FOR OFFICE USE</b>									
Plan Review Required	√	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes		
BUILDING									
PLUMBING									
ELECTRICAL									
MECHANICAL									
PLANNING									
ENGINEERING									
SEWER TAP									
WATER TAP									
DEP MODULES									
STORM WATER									
EROSION/SEDIMENT									
FLOOD PLAIN									
FIRE PROTECTION									
<b>ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS</b>									
Permit or Approval	√	Date Obtained	Number	By	Permit or Approval	√	Date Obtained	Number	By
CURB OR SIDEWALK CUT									
ELEVATOR									
ELECTRICAL									
FURNACE									
GRADING									
FLOOD PLAIN									
ZONING									

## VALIDATION

Building Permit Fee	\$ 321000.3130	Sewer Tap Fee	\$ 207000.2355
Zoning Fee	\$ 321000.3190	Floodplain Fee	\$ 341000.3480
Plumbing Permit Fee	\$ 321000.3140	Cap Ins.	\$ 341000.3475
Demolition Deposit	\$ 321000.3215	Plan Review Fee	\$ 341000.3183
Demolition Fee	\$ 321000.3215	Clerical Fee	\$ 341000.3475
Electrical Fee	\$ 321000.3135	Other	\$ 341000.3475
Driveway Permit Fee	\$ 322000.3280	GRAND TOTAL	\$
Water Tap Fee	\$ 207000.2350		

## BUILDING / ZONING APPROVAL

DOES REQUEST REQUIRE ZONING HEARING BOARD ACTION? YES \_\_\_\_\_ NO \_\_\_\_\_

(If Yes, indicate date of action and attach decision)

A. VARIANCE \_\_\_\_\_ C. SPECIAL PERMISSION \_\_\_\_\_

B. SPECIAL EXCEPTION \_\_\_\_\_ D. APPEAL \_\_\_\_\_

CIRCLE ONE:                      APPROVED                      DENIED

IF DENIED, REASON FOR DENIAL \_\_\_\_\_

ZONING OFFICER SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

BUILDING PERMIT APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE BUILDING PERMIT ISSUED: \_\_\_\_\_

NOTES AND DATA—FOR DEPARTMENT USE

[illegible]

**FOR APPLICANT USE** – PLEASE CHECK ONE

☐ SITE OR PLOT PLAN (SKETCH BELOW)

☐ SEE ATTACHED DRAWINGS

SIGNATURE OF APPLICANT\_\_\_\_\_DATE:\_\_\_\_\_